

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ACTRIGHT

ADDRESS (number and street)

2029 K STREET NW SUITE 300

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488478

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

03

01

2016

03

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian S Brown

Signature of Treasurer

Brian S Brown

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

04

18

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ACTRIGHT

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">7526.08</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">5151.11</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1720.00</span>	<span style="border: 1px solid black; padding: 2px;">1815.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">6871.11</span>	<span style="border: 1px solid black; padding: 2px;">9341.08</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1075.91</span>	<span style="border: 1px solid black; padding: 2px;">3545.88</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">5795.20</span>	<span style="border: 1px solid black; padding: 2px;">5795.20</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">200.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">87840.47</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ACTRIGHT**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
03		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
03		31		2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

 (a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

1550.00

1550.00

(ii) Unitemized .....

170.00

265.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1720.00

1815.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

1720.00

1815.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1720.00

1815.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

1720.00

1815.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	43.91	113.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	43.91	113.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1032.00	3432.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1075.91	3545.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1075.91	3545.88

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1720.00	1815.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1720.00	1815.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	43.91	113.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	43.91	113.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Deacon Thomas Giacobbe**

Mailing Address 30 Bedford Drive

City State Zip Code  
Skillman NJ 08558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2016

Transaction ID : SA11AI.11203

Amount of Each Receipt this Period

250.00

☐ Memo Item

ActRight PAC

Full Name (Last, First, Middle Initial)

**B. John Wakelin**

Mailing Address 12827 Rockwell Drive

City State Zip Code  
Poway CA 92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Leidos

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2016

Transaction ID : SA11AI.11218

Amount of Each Receipt this Period

300.00

☐ Memo Item

ActRight PAC

Full Name (Last, First, Middle Initial)

**C. Michael Wheelock**

Mailing Address PO Pox 747

City State Zip Code  
Merlin OR 97532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Grayback Forestry

Emergency Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.11205

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Marco Rubio

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

1550.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Ben Carson for President 2016**

Mailing Address PO Box 1023

City	State	Zip Code
Merryfield	VA	22116

Purpose of Disbursement  
Contribution

Candidate Name

**Ben Carson for President 2016**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.11193**

Amount of Each Disbursement this Period

24.00
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cruz for President**

Mailing Address PO Box 25376

City	State	Zip Code
Houston	TX	77265

Purpose of Disbursement  
Contribution

Candidate Name

**TED CRUZ FOR SENATE**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

**Transaction ID : SB23.11194**

Amount of Each Disbursement this Period

24.00
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cruz for President**

Mailing Address PO Box 25376

City	State	Zip Code
Houston	TX	77265

Purpose of Disbursement  
Contribution

Candidate Name

**Cruz for President**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2016

**Transaction ID : SB23.11212**

Amount of Each Disbursement this Period

24.00
-------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

72.00
-------

--

	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

### A. Marco Rubio for President

Mailing Address PO 558701

City	State	Zip Code
Miami	FL	33255

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	5%
3. To provide for the maintenance and repair of the equipment	5%
4. To provide for the maintenance and repair of the vehicles	5%
5. To provide for the maintenance and repair of the other assets	5%
6. To provide for the maintenance and repair of the land	5%
7. To provide for the maintenance and repair of the other assets	5%
8. To provide for the maintenance and repair of the other assets	5%
9. To provide for the maintenance and repair of the other assets	5%
10. To provide for the maintenance and repair of the other assets	5%

Candidate Name

# Marco Rubio for President

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input checked="" type="checkbox"/>	President
State:	District:	

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB23.11207

Amount of Each Disbursement this Period

960.00

 Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by two vertical supports on the left and right. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with the middle one being larger than the others.

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

960.00

1032.00



**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 9 OF 31

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/9.11107

**ACTRIGHT****LOAN SOURCE** Full Name (Last, First, Middle Initial)

ActRight Non Fed Fund

☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2029 K Street NW  
Suite 300

City Washington State DC ZIP Code 20006

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 25 / 2015

Date Due

M M / D D / Y Y Y Y  
9/25/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200.00

**TOTALS** This Period (last page in this line only)..... ►

200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 10 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

August use of mailing address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4148

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

September use of address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

October use of mailing address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4178

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

750.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

November use of mailing address, phone,  
officeMailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4179

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

December use of mailing address, phone,  
officeMailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.4180

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

Mass emails supporting Jorgensen for  
CongressMailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

4357.75

Transaction ID : SD10.5069

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4357.75

1) **SUBTOTALS** This Period This Page (optional)..... ►

4707.75

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

Fundraising emails in July

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

3606.78

Transaction ID : SD10.5212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3606.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

February and March reporting and processing services retainer

Mailing Address 209 W Main St

City State Zip Code  
Plainfield IN 46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4181

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

April retainer for reporting and processing services

Mailing Address 209 W Main St

City State Zip Code  
Plainfield IN 46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4190

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6606.78

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

May reporting and processing services  
retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

May reporting and processing services and  
June retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2748.93

Transaction ID : SD10.4192

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2748.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

June reporting and processing services and  
July retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2767.00

Transaction ID : SD10.4193

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2767.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6515.93

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 14 OF 31

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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

November reporting and processing services  
and December retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

895.56

Transaction ID : SD10.4185

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

895.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

December reporting and processing services  
and Jan retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2465.00

Transaction ID : SD10.4184

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2465.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

January reporting and processing services and  
Feb retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2255.00

Transaction ID : SD10.4233

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2255.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5615.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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PAGE 15 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Feb reporting and processing/Mar legal and reporting retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4319

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Mar reporting and processing/Apr legal and reporting retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4374

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal compliance, bookkeeping, and reporting services in April

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

3737.50

Transaction ID : SD10.4702

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3737.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

7737.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal compliance, bookkeeping, and reporting  
services in May

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2907.50

Transaction ID : SD10.5067

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2907.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

June administrative and legal services.

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2477.05

Transaction ID : SD10.5569

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2477.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, legal, and office  
services

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2077.60

Transaction ID : SD10.5600

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2077.60

1) **SUBTOTALS** This Period This Page (optional)..... ►

7462.15

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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PAGE 17 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Sept. bundling, administrative, legal, and office services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2067.50

Transaction ID : SD10.5971

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2067.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Sept. reporting and processing services and Oct. retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2097.50

Transaction ID : SD10.6485

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2097.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Reporting, bundling, compliance, and admin services in October

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1605.00

Transaction ID : SD10.6817

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1605.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5770.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 18 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance, reporting, and bundling services  
in November

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1130.00

Transaction ID : SD10.7051

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1130.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance, reporting, bundling, and  
administrative services in Dec 2013

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1235.00

Transaction ID : SD10.7356

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1235.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services in  
January

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

854.20

Transaction ID : SD10.7717

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

854.20

1) **SUBTOTALS** This Period This Page (optional)..... ►

3219.20

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 19 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, processing, reporting, and admin  
services in February

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1238.00

Transaction ID : SD10.8465

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1238.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, bundling, and administrative services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1038.00

Transaction ID : SD10.8513

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1038.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, compliance services  
for May 2014

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1228.50

Transaction ID : SD10.9028

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1228.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

3504.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 20 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, compliance services  
for June 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1305.25

Transaction ID : SD10.9248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1305.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, compliance services  
in July 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

925.00

Transaction ID : SD10.9401

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

925.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services for  
July 2014

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

925.00

Transaction ID : SD10.9615

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

925.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3155.25

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 31

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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services for  
August 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1677.50

**Transaction ID : SD10.9911**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1677.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services for  
September 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1845.50

**Transaction ID : SD10.10393**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1845.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services for  
October 2014

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

3210.00

**Transaction ID : SD10.10392**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3210.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6733.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, administrative, bundling services in Dec.

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

840.00

Transaction ID : SD10.10866

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

840.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, administrative, bundling services in Jan.

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1387.00

Transaction ID : SD10.10917

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1387.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, administrative, bundling services in Jan 2015

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

785.00

Transaction ID : SD10.10919

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

785.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3012.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 23 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services in Feb.

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

582.50

Transaction ID : SD10.10938

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

582.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services in March

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

243.00

Transaction ID : SD10.10954

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

243.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Administrative and Reporting Svcs

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

212.00

Transaction ID : SD10.11007

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

212.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1037.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Fund**

Nature of Debt (Purpose):

Fundraising emails in July 2013

Mailing Address 2029 K St NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

4024.60

Transaction ID : SD10.5208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4024.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

April legal services retainer

Mailing Address 209 W Main St

City State Zip Code  
Plainfield IN 46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4198

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

May legal services retainer

Mailing Address 209 W Main St

City State Zip Code  
Plainfield IN 46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4199

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6024.60

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

June legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

July legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

August legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

September legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

October legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

November legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

December legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

March legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4196

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Barry A Bostrom**

Nature of Debt (Purpose):

Legal services in January

Mailing Address 2524 N 8th Street

City

State

Zip Code

Terre Haute

IN

47804

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4194

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 28 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Paul Bothwell**

Nature of Debt (Purpose):

Administrative services July 2011 - March 2012

Mailing Address 606 S. Taylor St.

City State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

5400.00

Transaction ID : SD10.4230

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Paul Bothwell**

Nature of Debt (Purpose):

Filing prep fees

Mailing Address 606 S. Taylor St.

City State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

60.00

Transaction ID : SD10.11103

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Paul Bothwell**

Nature of Debt (Purpose):

Prepare and file fees

Mailing Address 606 S. Taylor St.

City

State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

60.00

Transaction ID : SD10.11125

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5520.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 29 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10
NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Paul Bothwell**Nature of Debt (Purpose):  
Prep and file report

Mailing Address 606 S. Taylor St.

City	State	Zip Code
Arlington	VA	22204

Outstanding Balance Beginning This Period

60.00

Transaction ID : SD10.11138

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Paul Bothwell**Nature of Debt (Purpose):  
Filing work

Mailing Address 606 S. Taylor St.

City	State	Zip Code
Arlington	VA	22204

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.11157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Paul Bothwell**Nature of Debt (Purpose):  
Reporting

Mailing Address 606 S. Taylor St.

City	State	Zip Code
Arlington	VA	22204

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.11181

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

260.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Paul Bothwell**Nature of Debt (Purpose):  
Filing

Mailing Address 606 S. Taylor St.

City State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.11213

Amount Incurred This Period

50.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Omni Compliance Services**Nature of Debt (Purpose):  
Reporting and bookkeeping services

Mailing Address 207 Main Street

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

270.00

Transaction ID : SD10.11009

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

270.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Omni Compliance Services**Nature of Debt (Purpose):  
Administration and Reporting

Mailing Address 207 Main Street

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

459.00

Transaction ID : SD10.11041

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

459.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

779.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Omni Compliance Services**

Nature of Debt (Purpose):

Administrative services

Mailing Address 207 Main Street

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

429.75

Transaction ID : SD10.11061

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

429.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

429.75

2) **TOTALS** This Period (last page this line number only)..... ►

87840.47

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

87840.47